

PTO/SB/82 (01-08)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/892,557
Filing Date	October 23, 2003
First Named Inventor	Philip Berardi
Art Unit	3632
Examiner Name	Amy Jo Sterling
Attorney Docket Number	44326.001

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

OR


<input checked="" type="checkbox"/> Firm or Individual Name	D. Whitlow Bivens		
Address	Musick, Peeler & Garrett, LLP 225 Broadway, Suite 1900		
City	San Diego	State	CA
Country	USA		
Telephone	(619) 525-2500	Email	w.bivens@mpglaw.com

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

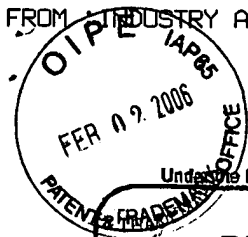
Signature			
Name	Berardi Family Trust by Philip Berardi, Trustee		
Date	January 31, 2006	Telephone	(805) 498-5119

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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PTO/SB/81 (01-05)

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/692,557
Filing Date	October 23, 2003
First Named Inventor	Philip Berardi
Title	Support Extension for Stage Apparatus
Art Unit	3632
Examiner Name	Amy Jo Sterling
Attorney Docket Number	44325.001

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
D. Whitlow Bivens	42,330
Ryan Blackstone-Gardner	56,314

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name D. Whitlow Bivens
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225 Broadway, Suite 1900

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Philip Berardi</i>	Date	1/31/06
Name	Philip Berardi	Telephone	(805) 498-5119
Title and Company	Trustee of Berardi Family Trust		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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